

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023731

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

104

Primary Registration District No.

3032

Registrar's No.

88

FILED JUN 18 1962

1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Warrensburg

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONWarrensburg Medical
Center, Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Johnson

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Knob Noster

d. STREET

ADDRESS

401 N. State Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Carrie

Middle

Leona

Last

Hostin

4. DATE
OF
DEATH

Month

June

Day

10

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/20/87

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Henry County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Samuel Johnson

13b. MOTHER'S MAIDEN NAME

Helen Collins

14. NAME OF HUSBAND OR WIFE

W. Logan Hostin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

W. Logan Hostin, Knob Noster, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

0

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

10 yrs

DUE TO (c)

Generalized Arteriosclerosis

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Pneumonia, Leukemia, Anemia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

18 May '62

to 9 June '62

and last saw her alive on 9 June '62

Death occurred at

2:35

A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

1226 MKT. Wbg. Mo

22c. DATE SIGNED

11 June 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/12/62

23c. NAME OF CEMETERY OR CREMATORY

Knob Noster Cemetery

23d. LOCATION (City, town, or county)

Knob Noster, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo.

June 11, 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10515

205102

3

4 1

5 1

6

7 0

8 2

9 4200 H

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Hoster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.